State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation		
001734010	NORTHEAST CUSTOM CONTRACTING INC		
3. Principal Office Address	City	State	Zip
10 BANEBERRY TRAIL	SAUNDERSTOWN	RI	02874
4. NAICS Code: 236110	6. Brief description of the character of business conducted in Rhode Island: IRRAGATION, REPAIR AND INSTALLATION AND LANDSCAPE DESIGN AND CONSTRUCTION		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: R JASON REINALDA			Vice-President Name: NONE		
Street Address: 10 BANEBERRY TRAIL			Street Address		
City: SAUNDERSTOWN	State: RI	Zip: 02874	City	State	Zip
Secretary Name: R JASON REINALDA			Treasurer Name: R JASON REINALDA		
Street Address: 10 BANEBERRY TRAIL			Street Address: 10 BANEBERRY TRAIL		
City: SAUNDERSTOWN	State: RI	Zip: 02874	City: SAUNDERSTOWN	State: RI	Zip: 02874

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	1.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative	Date
R JASON REINALDA	9/25/25

Signature of Authorized Representative: X

FILED 11:26A
SEP 26 2025
BY HCOVA

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023